

# EXHIBIT A

# EXHIBIT A

## DISTRICT COURT CIVIL COVER SHEET

Clark County, Nevada

A- 15- 719715- C

V

Case No. \_\_\_\_\_

(Assigned by Clerk's Office)

**I. Party Information** (provide both home and mailing addresses if different)

Plaintiff(s) (name/address/phone):

LILLIAN TAMAYO

Defendant(s) (name/address/phone):

SAMSONITE COMPANY STORES, LLC.;

EMPLOYEE(S)/AGENT(S) DOES 1-10;

and ROE CORPORATIONS 11-20, inclusive

Attorney (name/address/phone):

Gabroy Law Offices

170 S Green Valley Parkway, Suite 280

Henderson, NV 89012

(702) 259-7777

Attorney (name/address/phone):

**II. Nature of Controversy** (please select the one most applicable filing type below)**Civil Case Filing Types**

Real Property	Negligence	Torts
<b>Landlord/Tenant</b> <input type="checkbox"/> Unlawful Detainer <input type="checkbox"/> Other Landlord/Tenant <b>Title to Property</b> <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Other Title to Property <b>Other Real Property</b> <input type="checkbox"/> Condemnation/Eminent Domain <input type="checkbox"/> Other Real Property	<input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence <b>Malpractice</b> <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Other Malpractice	<b>Other Torts</b> <input type="checkbox"/> Product Liability <input type="checkbox"/> Intentional Misconduct <input checked="" type="checkbox"/> Employment Tort <input type="checkbox"/> Insurance Tort <input type="checkbox"/> Other Tort
Probate	Construction Defect & Contract	Judicial Review/Appeal
<b>Probate</b> (select case type and estate value) <input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside <input type="checkbox"/> Trust/Conservatorship <input type="checkbox"/> Other Probate <b>Estate Value</b> <input type="checkbox"/> Over \$200,000 <input type="checkbox"/> Between \$100,000 and \$200,000 <input type="checkbox"/> Under \$100,000 or Unknown <input type="checkbox"/> Under \$2,500	<b>Construction Defect</b> <input type="checkbox"/> Chapter 40 <input type="checkbox"/> Other Construction Defect <b>Contract Case</b> <input type="checkbox"/> Uniform Commercial Code <input type="checkbox"/> Building and Construction <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Commercial Instrument <input type="checkbox"/> Collection of Accounts <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other Contract	<b>Judicial Review</b> <input type="checkbox"/> Foreclosure Mediation Case <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Mental Competency <b>Nevada State Agency Appeal</b> <input type="checkbox"/> Department of Motor Vehicle <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Nevada State Agency <b>Appeal Other</b> <input type="checkbox"/> Appeal from Lower Court <input type="checkbox"/> Other Judicial Review/Appeal
Civil Writ		Other Civil Filing
<b>Civil Writ</b> <input type="checkbox"/> Writ of Habeas Corpus <input type="checkbox"/> Writ of Mandamus <input type="checkbox"/> Writ of Quo Warrant <input type="checkbox"/> Writ of Prohibition <input type="checkbox"/> Other Civil Writ		<b>Other Civil Filing</b> <input type="checkbox"/> Compromise of Minor's Claim <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Other Civil Matters

Business Court filings should be filed using the Business Court civil cover sheet.

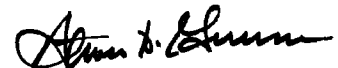
06/10/2015

Date

Signature of initiating party or representative

See other side for family-related case filings.

Electronically Filed  
06/10/2015 04:24:26 PM



CLERK OF THE COURT

**COMP**

GABROY LAW OFFICES  
Christian Gabroy (#8805)  
Ivy Hensel (#13502)  
The District at Green Valley Ranch  
170 South Green Valley Parkway, Suite 280  
Henderson, Nevada 89012  
Tel (702) 259-7777  
Fax (702) 259-7704  
christian@gabroy.com  
**ATTORNEYS FOR PLAINTIFF**

**DISTRICT COURT**

**EIGHTH JUDICIAL DISTRICT COURT, CLARK COUNTY NEVADA**

LILLIAN TAMAYO, an individual;

Plaintiff,

vs.

SAMSONITE COMPANY STORES,  
LLC.; EMPLOYEE(S)/AGENT(S) DOES  
1-10; and ROE CORPORATIONS 11-  
20, inclusive,

Defendants.

Case No.: A- 15 - 719715 - C  
Dept.:

V

**COMPLAINT**

**(JURY DEMAND)**

COMES NOW Plaintiff Lillian Tamayo ("Plaintiff" or "Tamayo,") by and through her attorneys, Christian Gabroy, Esq. and Ivy Hensel, Esq. of Gabroy Law Offices, and hereby alleges and complains against Defendant Samsonite Company Stores, LLC. ("Defendant" or "Samsonite") as follows:

**JURISDICTION AND VENUE**

1. This is a civil action for damages under state and federal laws prohibiting unlawful employment actions and to secure the protection of and to redress deprivation of rights under these laws.

2. Jurisdiction and venue is based upon 29 U.S.C. § 2601, *et. seq.* and NRS

**GABROY LAW OFFICES**  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

Chapter 613.

3. Plaintiff demands a jury trial on all issues triable by jury herein.

4. All alleged unlawful employment actions occurred in this judicial district.

#### THE PARTIES

5. At all relevant times, Plaintiff was an individual residing in this judicial district.

6. At all relevant times, Plaintiff was an employee of Defendant as that term is defined in the Family Medical Leave Act ("FMLA"), 29 U.S.C. § 2611, *et. seq.*

7. At all times relevant, Defendant Samsonite was a foreign limited liability company registered with the Nevada Secretary of State and was Plaintiff's employer as that term is defined by NRS Chapter 613 and the FMLA, 29 U.S.C. § 2611, *et. seq.*

8. DOE DEFENDANTS I-X, inclusive, are persons and ROE DEFENDANTS XI-XX, inclusive, are corporations or business entities (collectively referred to as "DOE/ROE DEFENDANTS"), whose true identities are unknown to Plaintiff at this time. These ROE CORPORATIONS may be parent companies, subsidiary companies, owners, predecessor or successor entities, or business advisors, de facto partners, Plaintiff's employer, or joint venturers of Defendants. Individual DOE DEFENDANTS are persons acting on behalf of or at the direction of any Defendants or who may be officers, employees, or agents of Defendants and/or a ROE CORPORATION or a related business entity. These DOE/ROE Defendants were Plaintiff's employer(s) are liable for Plaintiff's damages alleged herein for their unlawful employment actions/omissions. Plaintiff will seek leave to amend this Complaint as soon as the true identities of DOE/ROE DEFENDANTS are revealed to Plaintiff.

#### FACTUAL ALLEGATIONS

9. In or around 2008, Plaintiff was hired and began to work for Defendant as a

GABROY LAW OFFICES  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

**GABROY LAW OFFICES**

170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

1 floor supervisor.

2 10. Plaintiff was an exceptional employee who exceeded performance  
3 expectations. Plaintiff was promoted to assistant manager.

4 11. On or about June 14, 2013, Plaintiff suffered a work related job injury. While  
5 stacking boxes at work, Plaintiff lifted a heavy box above her head. Plaintiff felt a severe  
6 pain in her left shoulder.

7 12. On or about June 16, 2013, Plaintiff notified her supervisor, Francisco  
8 Padilla ("Padilla"), of her injury as soon as he returned from his day off of work. See  
9 attached incident reporting form hereto as Exhibit I.

10 13. As a result of her work related injury, Plaintiff sought medical care. Plaintiff  
11 was diagnosed with having a strained left shoulder.

12 14. Plaintiff pursued and filed a worker's compensation claim. Thus, Plaintiff  
13 invoked her rights under the worker's compensation laws. See attached form c-4 hereto  
14 as Exhibit II.

15 15. On or about June 17, 2013, Plaintiff was released to return to work with  
16 work restrictions including no lifting over twenty (20) pounds and no pushing and/or  
17 pulling over forty (40) pounds of force. Plaintiff was also advised to attend physical  
18 therapy weekly. See attached physician work activity status report hereto as Exhibit III.

19 20 16. Upon her return to work, Plaintiff requested an accommodation. Defendant  
21 temporarily provided Plaintiff with an accommodation according to her work restrictions.  
22 Defendant temporarily assigned Plaintiff to work in a kiosk.

23 24 17. Subsequently, Defendant denied Plaintiff's request for a reasonable  
25 accommodation.

26 27 18. Defendant placed Plaintiff on involuntary FMLA leave of absence "due to a  
28

GABROY LAW OFFICES  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

1 Workers' Compensation injury effective 7/5/13." See attached correspondence hereto as  
2 Exhibit IV.

3 19. Defendant informed Plaintiff that she could not return to work from  
4 involuntary FMLA leave until her work restrictions were completely lifted.

5 20. Plaintiff continued to receive medical treatment and was placed on light  
6 work restrictions. Plaintiff requested to return to work with her light duty restrictions.

7 21. Plaintiff regularly contacted Defendant to update Defendant of the status of  
8 her work restrictions.

9 22. Defendant continued to inform Plaintiff that she could not return to work until  
10 her work restrictions due to her injury were completely lifted.

11 23. Padilla represented to Plaintiff that her job was secure.

12 24. On or about October 29, 2013, Defendant's agent, Human Resources  
13 Manager, Tracy Bertles ("Bertles"), contacted Plaintiff.

14 25. On or about October 29, 2013, Defendant terminated Plaintiff.

15 26. Defendant's proffered reason for termination was that Defendant would no  
16 longer hold her position open and that it would not hold it open for longer than a period of  
17 twelve (12) weeks.

18  
19  
20 **COUNT I**  
21 **TORTIOUS DISCHARGE IN VIOLATION OF PUBLIC POLICY PROTECTING**  
22 **EMPLOYEES WHO PURSUE WORKERS' COMPENSATION CLAIMS**

23 27. Plaintiff hereby realleges and incorporates paragraphs 1 through 26 of this  
24 Complaint as though fully set forth herein.

25 28. Defendant terminated Plaintiff for reasons that violate Nevada's public policy  
26 against discrimination and/or termination of employees who pursue and file workers'  
27 compensation claims. Defendant tortiously terminated Plaintiff for her pursuit and filing of  
28

**GABROY LAW OFFICES**  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

her lawful workers' compensation claim.

29. As a proximate result of Defendant's tortious discharge of Plaintiff, Plaintiff suffered general, special, and consequential damages in excess of \$10,000.00 (Ten Thousand Dollars).

30. Defendant's acts and/or omissions were fraudulent, malicious, or oppressive under NRS 42.005. Pursuant to NRS 42.005, Plaintiff is entitled to an award of punitive damages in excess of Ten Thousand Dollars (\$10,000.00).

31. As a result of Defendant's conduct, as set forth herein, Plaintiff has been required to retain the services of an attorney and, as a direct, natural, and foreseeable consequence thereof, has been damaged thereby, and is entitled to reasonable attorney's fees and costs.

**COUNT II**  
**VIOLATION OF FAMILY MEDICAL LEAVE ACT**

32. Plaintiff hereby realleges and incorporates paragraphs 1 through 31 of this Complaint as through fully set forth herein.

33. Defendant interfered with, restrained, and/or denied the exercise of or the attempt to exercise Plaintiff's rights under the FMLA.

34. Defendant required Plaintiff to use FMLA leave of absence due to her injury, although she was capable of performing tasks within her job description with minimal work restrictions. Plaintiff's doctor certified her release to return to work. Plaintiff provided such release to return to her work to Defendant. Defendant required Plaintiff to be on involuntary FMLA leave of absence even though Plaintiff was released to return to work by her doctor.

35. Plaintiff, by being required to use FMLA leave of absence for her shoulder injury, exercised her rights under FMLA. Defendant committed the aforementioned

**GABROY LAW OFFICES**  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 239-7777 FAX: (702) 259-7704

1 conduct including Plaintiff's termination in reckless and willful violation of Plaintiff's  
2 federally protected rights.

3 36. Defendant's aforementioned conduct including requiring Plaintiff to go on  
4 an involuntary FMLA leave of absence and termination of Plaintiff resulted in Defendant  
5 engaging in activity that chilled the exercise of Plaintiff's rights, caused interference,  
6 caused harassment, and retaliation against Plaintiff for exercising her rights under the  
7 FMLA, and/or discriminated against Plaintiff in violation of the FMLA, 29 USC § 2615 *et*.  
8 *seq.*  
9

10 37. Defendant terminated Plaintiff while she was required by Defendant to be on  
11 an involuntary FMLA leave of absence.

12 38. Defendant terminated Plaintiff because it would not hold her job position  
13 open for longer than twelve weeks.

14 39. Defendant's aforementioned conduct and resulting termination of Plaintiff  
15 was motivated by the exercise of Plaintiff's rights under FMLA and was in violation of the  
16 FMLA.  
17

18 40. Defendant discriminated against and discharged Plaintiff for using FMLA  
19 leave of absence and for exercising her FMLA protected rights.

20 41. As a direct and proximate result of Defendant's unlawful activity, Plaintiff  
21 has sustained damages in excess of \$10,000.00.

22 42. The conduct of Defendant has been malicious, fraudulent or oppressive and  
23 was designed to vex, annoy, harass or humiliate Plaintiff and thus Plaintiff is entitled to  
24 punitive damages with respect to her claim.  
25

26 43. Plaintiff has been forced to obtain counsel to seek redress for Defendant's  
27 legal violations and thus is entitled to recoup his attorney's fees and costs.  
28



1 WHEREFORE, Plaintiff prays for a judgment against Defendant as follows:

- 2 A. For general damages in excess of \$10,000.00;
- 3 B. For special damages, where applicable, in excess of \$10,000.00;
- 4 C. For compensatory damages in excess of \$10,000.00;
- 5 D. For reasonable attorneys' fees and costs incurred in filing this action;
- 6 E. For punitive damages on claims warranting such damages;
- 7 F. Such other and further relief as this Court deems appropriate and just.
- 8

9 Dated this 10 day of June 2015.

10

11 Respectfully submitted,

12 GABROY LAW OFFICES

13 By /s/ Christian Gabroy

14 CHRISTIAN GABROY (#8805)

15 The District at Green Valley Ranch

16 170 South Green Valley Parkway,

17 Suite 280

18 Henderson, Nevada 89012

19 Tel (702) 259-7777

20 Fax (702) 259-7704

21

22

23

24

25

26

27

28

GABROY LAW OFFICES  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

**IAFD**

Gabroy Law Offices  
 Christian Gabroy (#8805)  
 Ivy Hensel (#13502)  
 The District at Green Valley Ranch  
 170 South Green Valley Parkway, Suite 280  
 Henderson, Nevada 89012  
 Tel (702) 259-7777  
 Fax (702) 943-1936  
 christian@gabroy.com  
 Attorneys for Plaintiff

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

LILLIAN TAMAYO, an individual;

Case No.  
 Dept.

Plaintiff,

vs.

**Initial Appearance Fee Disclosure**

SAMSONITE COMPANY STORES,  
 LLC.; EMPLOYEE(S)/AGENT(S) DOES  
 1-10; and ROE CORPORATIONS 11-  
 20, inclusive,

Defendants.

Pursuant to NRS Chapter 19, filing fees are submitted for parties appearing in the above-captioned action as indicated below:

Lillian Tamayo, Plaintiff \$270.00

TOTAL REMITTED \$270.00

Dated this 10<sup>th</sup> day of June 2015.

**GABROY LAW OFFICES**  
 170 S. Green Valley Pkwy., Suite 280  
 Henderson, Nevada 89012  
 (702) 259-7777 FAX: (702) 259-7704

**GABROY LAW OFFICES**  
170 S. Green Valley Pkwy., Suite 280  
Henderson, Nevada 89012  
(702) 259-7777 FAX: (702) 259-7704

GABROY LAW OFFICES.

By: /s/ Christian Gabroy  
Christian Gabroy (#8805)  
Ivy Hensel (#13502)  
170 South Green Valley Parkway,  
Suite 280  
Henderson, Nevada 89012  
Tel (702) 259-7777  
Fax (702) 259-7704  
christian@gabroy.com

**EXHIBIT I**



## INCIDENT REPORTING FORM

SUPERVISOR'S REPORT OF EMPLOYEE ACCIDENT OR INJURY

NOTE: This form should be completed only by a supervisor  
 This form is to be completed in addition to the *Employee Accident or Injury* form  
 If the incident does not involve an employee, please use the *Non-Employee Accident or Injury* form

## EMPLOYEE

Injured Employee's name: Lillian Annette Tamayo Job Title: Asst managerAddress: 9444 Lake Creek St Day Phone: [REDACTED]Las Vegas NV 89123 Evening Phone: \_\_\_\_\_Store Number: 153 Experience in position: 4 years

Witnesses: \_\_\_\_\_

Manager/Supervisor name: Francisco Padilla

## INCIDENT

Date of incident: 10-14-2013 Time of Incident: 11:00 AM/PMEmergency services contacted?: NO Date reported to HR: 10/16-13Describe the work being done at the time of the accident or injury: stacking boxes

Describe in detail how the accident or injury occurred and identify any unsafe acts or conditions that may have contributed to the accident or injury:

while lifting boxes over my head felt pain in  
left shoulder. no unsafe act committed.

WITNESSES (Please include contact information)

\_\_\_\_\_  
 \_\_\_\_\_

**TREATMENT**

Part(s) of body injured: Left Shoulder

Describe Nature of injury: Pain in left shoulder

Did the employee seek medical treatment? If so, where? NO

**PREVENTION**

Describe the specific action(s) that will be taken to prevent this type of incident from recurring or that will minimize the risk of injury to another associate: \_\_\_\_\_

If the action calls for training, describe the type of training and date training will be completed or if ordering new equipment or repairing equipment list date to be completed: \_\_\_\_\_

**COMPLETED BY**

Name: William Annette Tamayo

Title: Asst Manager

Signature: William Annette Tamayo

Date: 6/16/13

**REVIEWED BY (Human Resources Representative)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail this form immediately to Tracy.Bertles@Samsonite.com,  
fax to (303) 373-7218 or call 1-800-637-6582

# **EXHIBIT II**

**EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT**  
**FORM C-4**

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name <b>LILLIAN</b>	MI <b>A</b>	Last Name <b>TAMAYO</b>	Birthdate <b>9-27-1965</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)		
Home Address <b>9444 lake creek st</b>		Age <b>47</b>	Height	Weight	Social Security Number		
City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89123</b>	Telephone		Primary Language Spoken <b>English</b>		
Mailing Address		City	State	Zip	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <b>Asst manager</b>		
INSURER		THIRD-PARTY ADMINISTRATOR		Employee's Name/Company Name <b>Samsowite</b>			
Office Mail Address (Number and Street) <b>7400 S Las Vegas Blvd NV 89123</b>							
Date of Injury (if applicable) <b>6-14-12</b>	Hours Injury (if applicable) <b>11 am</b>	Date Employer Notified <b>6-16-12</b>	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported <b>FRANCISCO Padilla</b>			
Address or Location of Accident (if applicable) <b>7400 S Las Vegas NV 89123</b>							
What were you doing at the time of the accident? (if applicable) <b>Lifting boxes</b>							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>while lifting boxes over my head felt pain in left shoulder</b>							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?						Witnesses to the Accident (if applicable)	
Nature of Injury or Occupational Disease <b>Pain left Shoulder</b>			Part(s) of Body Injured or Affected <b>Left Shoulder</b>				
<small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZED ANY PHYSICIAN, CHIROPRACTOR, CLERICAL MANAGER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE PERTAINING TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING, FOR A FULL PHYSICAL, SOCIAL, COGNITIVE, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOGRAPH OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small>							
Date <b>6-17-12</b>	Place <b>Polaris</b>	Employee's Signature <b>Lillian Tamayo</b>					
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT</b>							
Place <b>POLARIS</b>	Name of Facility <b>CONCENTRA</b>						
Date <b>06/17/12</b>	Diagnosis and Description of Injury or Occupational Disease <b>Ac-Sprain/Str</b>			Is there evidence that the injured employee was under the influence of alcohol or other controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour				Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input checked="" type="checkbox"/> modified duty			
Treatment:	<b>ICE / MOTRIN / EXERIL NO LIFTING / PULLING / PUSHING PT / RTC</b>			If modified duty, specify any limitations/restrictions: _____			
X-Ray Findings:	<b>- JP</b>						
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date <b>06/17/12</b>	Print Doctor's Name <b>[Signature]</b>			I certify that the employer's copy of this form was mailed to the employer on:			
Address <b>5850 S. POLARIS AVE # 100</b>				INSURER'S USE ONLY			
City <b>LV</b>	State <b>NV</b>	Zip <b>89118</b>	Provider's Tax I.D. Number <b>75 2014828</b>	Telephone <b>702 739 9957</b>	Degree <b>[Signature]</b>		
Doctor's Signature <b>[Signature]</b>				<b>SCANNED</b>			



# **EXHIBIT III**

Claim Number:

**Concentra Medical Centers**5850 S Polaris Ave Ste 100 LAS VEGAS, NV 89118  
Phone: (702) 739-9957 Fax: (702) 739-9370

Service Date: 06/17/2013

Case Date: 06/14/2013

**Physician Work Activity Status Report**

Patient: Tamayo, Lillian A.

SSN: [REDACTED]

Address: 9444 Lake Creek ST.  
LAS VEGAS, NV 89123

Home: [REDACTED]

Work: (702) 878-1113 Ext.:

Employer Location: Samsonite

Address: 7400 Las Vegas Blvd.  
LAS VEGAS, NV 89123

Auth. by: Francisco Padilla

Contact: Tracy

Role: HR Manager

Phone: (303) 373-7476 Ext.:

Fax:

**This Visit:** Time In: 03:10 pm

Time Out: 05:38 pm

Recordable: N/A

Visit Type: New

Treating Provider: Taposhi C. Swar, APN

**Medications:**

Diagnosis: 840.9 Sprain Of Unspecified Site Of Shoulder And Upper Arm

☐ Dispensed Prescription Medication to Patient☐ Dispensed Over-The-Counter Prescription☒ Written Prescription given to Patient**Patient Status:****Modified Activity - Returning for follow-up visit****Restricted Activity (In effect until next physician visit):**

Return to work on 06/17/2013 with the following restrictions

No lifting over 20 lbs.

No pushing and/or pulling over 40 lbs. of force

Remarks:

**Employer Notice:**

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

**Anticipated Date of Maximum Medical Improvement:****Actual Date of Maximum Medical Improvement:****Next Visit(s):****Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.**Visit Date:** Wednesday June 19, 2013 2:00 pm**Provider/Facility:** Robert D. Lewis, MD

# **EXHIBIT IV**

Annette,  
I am so sorry I  
forgot to send you  
this letter.

If you have any  
questions just give  
me a call.

Thanks, Tracy

August 2, 2013

Lillian Tamayo  
9444 Lake Creek St.  
Las Vegas, NV 98123

Dear Lillian,

You have been placed off work due to a Workers' Compensation injury effective 7/5/13.

As an employee of Samsonite Corporation it is important that you are aware of what will be expected of you during this Workers' Compensation Leave of Absence.

Please review the following items carefully:

- You must report to Human Resources Department and/or your Supervisor after each and every appointment.
- Human Resources and your Supervisor will review the work status form to determine if you return to work or continue off on a leave of absence.
- You must call Samsonite Human Resources at (303) 373-7476 or (800) 637-6582, as soon as possible, if you cannot keep a scheduled appointment.
- The Family and Medical Leave Act of 1993, if you are eligible, will run concurrent with this Workers' Compensation Leave of Absence.

If you have any questions, feel free to contact me at (800) 637-6582.

Sincerely,

*Tracy Bertles*

Tracy Bertles  
Manager Human Resources  
Samsonite LLC  
P.O. Box 21187  
Denver, CO 80221  
Fax: 303-373-7218